REQUEST FOR PATENT FEE REFUND					
1 Date of Request:	2 Seri	al/Pa	tent	4 2551	41
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFINDED RATE 18525741			
o PERCOVA		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment			C	redit Depo	osit A/C #:
Duplicate Payment			9		
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:			Repl	<b>TLE:</b> n. Kef: 0 <del>7/18/20</del> 86/8916 Hara/Yu	<del>05 PKIDWELL 0014091100</del> mber:10525741
SIGNATURE:		<del>-</del>	ř <b>iji</b>	ionE:	\$509.00 CR
OFFICE: ************************************					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:		DATE	:	•	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B